



City of San Diego
Development Services
1222 First Ave., MS-302
San Diego, CA 92101
(619) 446-5000

THE CITY OF SAN DIEGO

Application for Unreasonable Hardship Exception to Disabled Access Requirements

FORM
DS-2123
JANUARY 2013

Please print legibly or type.

Project Address:	Plan File Number:
Owner:	Telephone Include Area Code:
Applicant:	Telephone Include Area Code:

It is requested that the above named project be granted an exception from the accessibility requirements of the 2010 California Building Code, as specifically noted below.

A. Section 1134B General Exception Applicable to existing buildings where the construction cost at this tenant space over the last three years does not exceed the valuation threshold amount. The specific accessibility features that create a hardship may be exempted but not all the accessibility features. The area of alteration itself may not be exempted.

Valuation threshold Amount
\$139,934.00
Valid until January 2014

Access Features Item Provide description below	Does this feature meet the latest edition of Title 24?	If not, is this feature going to be made accessible as part of this permit?	If so, cost of making feature accessible? Attach documentation
1. Path of travel to entrance	_____	_____	\$ _____
2. Entrance	_____	_____	\$ _____
3. Path of travel within building/facility to area of remodel	_____	_____	\$ _____
4. Elevator	_____	_____	\$ _____
5. Sanitary facilities	_____	_____	\$ _____
6. Public Telephones <i>If provided</i>	_____	_____	\$ _____
7. Drinking fountains <i>If provided</i>	_____	_____	\$ _____
8. Other (Parking, signage, etc.) <i>Specify</i> _____	_____	_____	\$ _____
Total cost of access features provided (A)			\$ _____
Total cost of construction of this project and all other work performed over the last 3 years in this tenant space (B)			\$ _____
*Percentage of total cost of project (20% minimum): $(A \div B) \times 100\%$			% _____

Description of access features to be provided:

Alterations performed over the last three years in this tenant space. Include in total valuation B above unless 20% of valuation of individual remodel has already been expended on access feature (provide documentation).

Permit Number	Date	Description	Valuation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Upon request, this information is available in alternative formats for persons with disabilities.

DS-2123 (01-13)

B. Specific Exceptions**Do not use this portion if part A has been completed**

This part is generally used for remodels exceeding the threshold amount and where Title 24 provides an exemption from specific accessibility features.

Exceptions Requested

Code Section/Exception

Cost of Making Features
Accessible *Attach Documentation*

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total		\$ _____

Description:

The cost of all construction contemplated is \$:

The access feature increases the cost of construction by *Percentage of construction cost*:

The impact on financial feasibility of the project, if the requested exception is not approved is:

The facility is used by the general public for the purpose of:

The following individuals provided information listed above

Architect/Designer:			Owner/Tenant:		
Address:			Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Signature <i>Required</i> :		Date:	Signature <i>Required</i> :		Date:

For City Use Only

Date Received: _____ Received by: _____

Findings and decisions of the Enforcing Official:

Request Granted

- ☐ General Unreasonable Hardship Exception request is approved based on Section 1134B.2.1 of the California Building Code Access features listed in part A of this form shall be provided as part of this permit.
- ☐ Specific Exception(s) request is approval based on Section(s) _____. All other access features shall be provided as specified in the California Building Code.
- ☐ Ratification required. This decision must be ratified by the Board of Building Appeals and Advisors. An application must be completed and a filing fee paid before the board can hear the request.
- ☐ **Request denied.** If you disagree with this determination, you may seek an appeal through the Board of Building Appeals and Advisors.
- ☐ An application must be completed and a filing fee paid before the board can hear the request.

Name of enforcing official *Please print*

Signature of enforcing official

Date
